



KI-LOW-NA FRIENDSHIP SOCIETY

442 Leon Avenue, Kelowna, B.C. V1Y 6J3
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 www.kfs.bc.ca

CONSENT FOR RELEASE OF INFORMATION AND USE OF IMAGE

I, _____ (PRINT NAME) HEREBY AUTHORIZE THE FOLLOWING AGENCIES TO RELEASE INFORMATION TO, OR RECEIVE INFORMATION FROM, **KI-LOW-NA FRIENDSHIP CENTRE**, EMPLOYMENT SERVICES, FOR THE PURPOSE OF CAREER OBJECTIVES:

<input checked="" type="checkbox"/> <input type="checkbox"/>	(SELECT/ADD ALL THAT APPLY)	<input checked="" type="checkbox"/> <input type="checkbox"/>	(SELECT/ADD ALL THAT APPLY)
<input type="checkbox"/>	OKANAGAN TRAINING AND DEVELOPMENT COUNCIL (OTDC)	<input type="checkbox"/>	UNIVERSITY OF BRITISH COLUMBIA
<input type="checkbox"/>	ACCOUNTABILITY AND RESOURCE MANAGEMENT SYSTEM (ARMS)	<input type="checkbox"/>	OKANAGAN COLLEGE
<input type="checkbox"/>	EMPLOYMENT INSURANCE – EI (AKA: SERVICE CANADA)	<input type="checkbox"/>	SELKIRK COLLEGE
<input type="checkbox"/>	MINISTRY SOCIAL DEVELOPMENT (AKA: SOCIAL SERVICES)	<input type="checkbox"/>	THOMPSON RIVERS UNIVERSITY
<input type="checkbox"/>	_____ SOCIAL ASSISTANCE (NAME OF BAND)	<input type="checkbox"/>	COLLEGE OF THE ROCKIES
<input type="checkbox"/>	SERVICE CANADA (ALL OTHER SERVICE AREAS)	<input type="checkbox"/>	COLLEGE OF NEW CALEDONIA
<input type="checkbox"/>	WORKBC EMPLOYMENT CENTRES	<input type="checkbox"/>	JUSTICE INSTITUTE OF BRITISH COLUMBIA
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

I HEREBY FURTHER AUTHORIZE **KI-LOW-NA FRIENDSHIP CENTRE**, EMPLOYMENT SERVICES, TO RELEASE INFORMATION TO SUCH AGENCIES AND PERSONS AS MAY BE APPROPRIATE FOR THE PURPOSES OF CAREER OBJECTIVES.

I UNDERSTAND THAT ANY INFORMATION RELEASED TO **KI-LOW-NA FRIENDSHIP CENTRE**, EMPLOYMENT SERVICES, WILL BE KEPT PRIVATE AND CONFIDENTIAL, AND WILL BE AVAILABLE FOR AUTHORIZED STAFF ONLY.

I CONSENT TO ALLOWING THIS RELEASE OF INFORMATION TO TAKE PLACE FOR A PERIOD UP TO 1-YEAR FROM THE DATE OF APPLICATION, AND/OR FOR THE DURATION OF ANY FUNDING, FOR THE PURPOSE OF COLLECTING STATISTICAL DATA FOR OUR FUNDING SOURCE.

I ALSO HEREBY GIVE **KI-LOW-NA FRIENDSHIP CENTRE**, EMPLOYMENT SERVICES, PERMISSION TO USE IMAGES OF ME FOR ANY PURPOSES IN CONNECTION WITH PROMOTION, ADVERTISING AND/OR MARKETING, AND CONSENT TO MY IMAGE BEING STORED, ACCESSED AND/OR DISPLAYED FOR SUCH PURPOSES.

DATED THIS _____ DAY OF _____, 20____

(DAY) (MONTH) (YEAR)

TANISHA MORA EMPLOYMENT SERVICES/WITNESS (PRINT NAME)	 PARTICIPANT/APPLICANT (PRINT NAME)
SIGNATURE	SIGNATURE